

Submit 5 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
 P.O. Drawer DD, Aztec, NM 88210
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

RECEIVED

OCT - 8 1991

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR

Operator: BABER WELL SERVICING COMPANY Well API No: 30-015-01420

Address: P.O. BOX 1772, HOBBS, NM 88241

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas

Recompleted Change in Operator Casinghead Gas Condensate

If change and address of previous operator give name: BLUE SKY PRODUCTION CO., P.O. BOX 1772, HOBBS, NM 88241

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------|----------|--------------------------------|----------------|-------------------|
| Lease No. | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| <u>HASTIE</u> | <u>9</u> | <u>EMPIRE (Y-SR)</u> | <u>Federal</u> | <u>LC 045818A</u> |

Location: E 1650 Feet From The N Line and 990 Feet From The W Line

18 Township 17S Range 28E, NMPM, EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
NAVAL OIL REFINING CO. PIPELINE DIVISION Address (Give address to which approved copy of this form is to be sent): P.O. DRAWER 159, HOBBS, NM 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Address (Give address to which approved copy of this form is to be sent): _____

If well produces oil or liquids, give location of tanks: E 18 Sec. 18 Twp. 17S Rgn. 28E Is gas actually connected? When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|----------|----------|----------|----------|--------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| <input checked="" type="checkbox"/> | | | | | | | | |

| | | | |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | | |

| | | | |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |

Performances: _____ Depth Casing Shoe: _____

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|------------------|
| | | | <u>Part 10-3</u> |
| | | | <u>10-11-91</u> |
| | | | <u>etc etc</u> |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF. |
| | | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MIMCF | Gravity of Condensate |
| | | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: G.A. Baber
 Printed Name: G. A. BABER Title: PRESIDENT
 Date: 09/18/91 Telephone No.: (505) 393-5516

OIL CONSERVATION DIVISION

Date Approved: OCT 9 1991

By: ORIGINAL SIGNED BY MIKE WILLIAMS
 Title: SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

